RR

CHECK ONE BOX BELOW TO INDICATE APPROPRIATE METHOD OF SERVICE:  ***Served personally upon the defendant:  WEST 86TH STREET DENTISTRY, P.C.  Place where served:  255 CENTRAL PARK WEST NEW YORK NY 100##  [ ] Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suita therein. Name of person with whom the summons and complaint were left:  JANE DOE-REFUSED TO GIVE NAME  Relationship to defendant: MANAGING AGENT  Description of person accepting service:  SEX: F_AGE: 51-65_HEIGHT: 5'4"-5'8" WEIGHT: 131-160 LBS. SKIN: BLACK_HAIF  [X] To the best of my knowledge, said person was not engaged in the U.S. Military at the time of service.	
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STATEMENT OF SERVER	
TRAVEL \$ SERVICES \$ TOTAL \$	<u> </u>
DECLARATION OF SERVER	
I declare under penalty of perjury under the laws of the United States of America that the foregoing this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Server is true and correct this Return of Service and Statement of Service and	
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